

DIRECT DEPOSIT AUTHORIZATION FORM

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Verify all pre-filled information.
2. Fill in all remaining boxes below.
3. Attach voided check (not deposit slip). Sign and date form.

EMPLOYER NAME:						
LAST NAME			MI	FIRST NAME		
SOCIAL SECURITY NUMBER OR EMPLOYEE ID				PHONE NUMBER		
EMAIL ADDRESS						
Account Type: (select one)	Checking		Savings		Other:	

Routing Transit Number
(All nine boxes must be filled.)

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Account Number
(Include hyphens, but not spaces and special symbols)

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-----ATTACH A VOIDED CHECK HERE. -----

DO NOT attach a Deposit Slip because deposit slips do not show the necessary information.

Joan Doe Anywhere, USA	
PAY TO THE ORDER OF _____	\$ _____
	DOLLARS
YOUR TOWN BANK YOUR TOWN, AR 123456	
FOR _____	VOID
⑆ 25550005⑆ 1234556789022⑆	

By signing this agreement, I authorize Cornerstone Administrative Services, LLC (CAS) to initiate credit entries to the Account(s) indicated above for the purpose of reimbursements from my Flexible Spending Account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature: _____ Date: _____

If the account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the statement above.

Signature: _____ Date: _____

Please contact Cornerstone Customer Care with any questions.